

SHORT-DOYLE MEDICAL PROGRAM AUDIT REPORT

GLENN COUNTY BEHAVIORAL HEALTH

Fiscal Period Ended
June 30, 2004



State of California
Department of Mental Health
Division of Program Compliance
Audits Section



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Division of Program Compliance – Audits Section
1600 9th Street, Sacramento, CA 95814
(916) 445-1554, FAX (916) 445-1588

January 22, 2009

Irvin B. White, Jr., Chief
Medi-Cal Benefits, Waiver Analysis
and Rates Division
Department of Health Care Services
1501 Capitol Avenue, Suite 71.4115
MS 4601
Sacramento, CA 95814

RE: DMH/DHCS Interagency Agreement for Contract # 02-25271

Dear Mr. White:

Attached is our audit report of Glenn County Mental Health Services dated January 22, 2009. In accordance with Section 433.316 of Title 42 of the Code of Federal Regulations, Glenn County Mental Health Services has received a net [overpayment] or underpayment of federal funds for fiscal year 2003-2004 as follows:

Medi-Cal - Title XIX	FFP	6,341
Healthy Families - Title XXI	FFP	(1,221)

The report specifies that if the provider has any disagreement with the audit findings, it must notify the State Department of Health Care Services, Audit Appeals, Attn: John Melton, and request an informal conference within 60 days of receipt of this report.

If you have any questions or need additional documentation, please contact me via e-mail at Walter.Hill@dmh.ca.gov or (916) 445-1570.

Sincerely,

Walter J. Hill, Jr.

for WALTER J. HILL, JR., MBA, EA
Chief of Audits

cc: Dina Kokkos-Gonzales, Chief, Waiver Analysis Section, DHCS
Lanette Castleman, Interim Program Administrator, DMH
Rita McCabe, LCSW, Branch Chief, Medi-Cal Mental Health Policy, DMH
Sara Murillo, Chief, Accounting and Fiscal Systems, DMH



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Memorandum

To: Sara Murillo, Chief
Accounting & Fiscal Systems
Division of Administration &
Fiscal Services

Date: January 22, 2009

From: Division of Program Compliance
Audits Branch

Telephone: 916-445-1557

Subject: GLENN COUNTY AUDIT REPORT, FPE: June 30, 2004

Attached is our audit report of Glenn County's Medi-Cal cost report for Fiscal Year 2003-2004. The audit report shows audited FFP costs for Medi-Cal; Healthy Families; and EPSDT State General Funds as follows:

Medi-Cal – Title XIX	FFP	\$	1,411,695
Healthy Families – Title XXI	FFP	\$	25,580
State General Funds	EPSDT	\$	518,419

These audited amounts must to be compared to the most current State payments to determine the amount due to the County or the State, as the case may be, and notification be sent to the county. As you know, this procedure was the responsibility of County Financial Program Support (Cost Reporting) in the past but is now a function of the Accounting office.

If you or your staff have any questions or comments, please contact me at the above number.

Chukwuemeka Okemiri

CHUKWUEMEKA OKEMIRI, CPA
Supervisor, Northern Region Audits



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Division of Program Compliance – Audits Branch
1600 9th Street, Sacramento, CA 95814
(916) 445-1554, FAX (916) 445-1588

January 22, 2009

Scott Gruendl, Agency Director
Glenn County Behavioral Health Services
242 North Villa
Willows, CA 95988

Dear Mr. Gruendl:

AUDIT REPORT – GLENN COUNTY MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Glenn County Mental Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 1,405,354	\$ 1,411,695	\$ 6,341
Federal Share of Healthy Families/Medi-Cal	\$ 26,801	\$ 25,580	\$ (1,221)
State General Funds EPSDT Due State	\$ 516,425	\$ 518,419	\$ 1,994

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Scott Gruendl, Agency Director
January 22, 2009
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This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

Chad Okemiri

for WALTER J. HILL, JR., MBA, EA
Chief of Audits

Chad Okemiri

CHUKWUEMEKA OKEMIRI, CPA
Supervisor, Northern Region Audits

Enclosures

Certified Mail

SCHEDULE 1

**GLENN COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch 2a)	\$ 1,237,591	\$ 5,080	\$ 1,242,671
HEALTHY FAMILIES - FFP	(Sch 2a)	25,710	(1,221)	24,489
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 1,263,301</u>	<u>\$ 3,859</u>	<u>\$ 1,267,160</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 167,763	\$ 1,261	\$ 169,024
HEALTHY FAMILIES - FFP		1,091	0	1,091
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 168,854</u>	<u>\$ 1,261</u>	<u>\$ 170,115</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 1,405,354	\$ 6,341	\$ 1,411,695
HEALTHY FAMILIES - FFP		26,801	(1,221)	25,580
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 1,432,155</u>	<u>\$ 5,120</u>	<u>\$ 1,437,275</u>
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF		<u>\$ 516,425</u>	<u>\$ 1,994</u>	<u>\$ 518,419</u>

Note: The As Settled amount includes any refund to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 105 and Management Comment No. 5)

SCHEDULE 2

**GLENN COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	1,731,888	6,197	1,738,085
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	23,459	(602)	22,857
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	39,554	(5,457)	34,097
9. Total		<u>\$ 1,794,901</u>	<u>\$ 139</u>	<u>\$ 1,795,040</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	1,755,347	5,595	1,760,942
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	39,554	(5,457)	34,097
25. Total		<u>\$ 1,794,901</u>	<u>\$ 139</u>	<u>\$ 1,795,040</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**GLENN COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

			As Settled	Audit Adjustments	As Audited
Amount Negotiated Rates Exceed Cost					
30	Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31	Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32	Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33	Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34	Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35	Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36	Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37	Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 317,899	\$ 1,200	\$ 319,099
38	Medi-Cal Administration	(MH 1979, Ln 5)	\$ 303,431	\$ (2,039)	\$ 301,392
39	Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 303,431</u>	<u>\$ (2,039)</u>	<u>\$ 301,392</u>

Healthy Families Administrative Reimbursement

40	Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 4,123	\$ (545)	\$ 3,578
41	Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 5,836	\$ 5,836
42	Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 3,578</u>	<u>\$ 3,578</u>

Utilization Review Reimbursement

43	Skilled Professional	(MH1979, Ln 14, Col D)	\$ 157,335	\$ 3,402	\$ 160,737
44	Other Medi-Cal U.R	(MH1979, Ln 15, Col D)	<u>\$ 60,594</u>	<u>\$ 1,310</u>	<u>\$ 61,904</u>

Net SD/MC Reimbursement - FFP

45	Direct Services	(MH1979, Ln 16,16A)	\$ 922,330	\$ 3,283	\$ 925,613
46	Enhanced (Children)	(MH1979, Ln 17,17A)	15,248	(391)	14,857
47	Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48	MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49	Administrative Reimbursement	(MH1979, Ln 6)	151,715	(1,019)	150,696
50	U.R. Skilled Professional	(MH1979, Ln 14)	118,001	2,551	120,552
51	U.R. Other	(MH1979, Ln 15)	30,297	655	30,952
52	Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53	Subtotal- FFP		<u>\$ 1,237,591</u>	<u>\$ 5,080</u>	<u>\$ 1,242,671</u>
54	Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55	Quality Assurance Review Results	(Adj #)	0	0	0

Total SD/MC Reimbursement - FFP

56	Total SD/MC Reimbursement - FFP		<u>\$ 1,237,591</u>	<u>\$ 5,080</u>	<u>\$ 1,242,671</u>
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Net Healthy Families Reimbursement - FFP

57	Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 25,710	\$ (3,547)	\$ 22,163
58	Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59	Administrative Reimbursement	(MH1979, Ln 10)	0	2,325	2,325
60	Total Healthy Families Reimbursement - FFP		<u>\$ 25,710</u>	<u>\$ (1,221)</u>	<u>\$ 24,489</u>

61	Total - FFP (Ln 56 + Ln 60)		<u>\$ 1,263,301</u>	<u>\$ 3,859</u>	<u>\$ 1,267,160</u>
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(To Sch 1)

GLENN COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity Number	Legal Entity	(1) Medi-Cal and Crossover Gross Cost	(2) Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Medi-Cal and Crossover Gross Cost	(7) Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col 6 to 8)	(MH 1968, Ln 27, 27A)
00484	North Valley Schools	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	10,179	\$	\$ 0	10,179	\$ 0
00512	River Oak Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	9,777	\$	\$ 0	9,777	\$ 0
00529	Willow Glenn Care Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	23,933	\$	\$ 0	23,933	\$ 0
00628	Northern Valley Catholic Soc. Svc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	247,035	8,220	\$ 0	255,255	1,679
00705	Youth for Change	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	3,472	\$	\$ 0	3,472	\$ 0
00804	SVFS, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,988	\$	\$ 0	1,988	\$ 0
00922	Rosewood Care Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	9,814	\$	\$ 0	9,814	\$ 0

GRAND TOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 306,198	\$ 8,220	\$ 0	\$ 314,418	\$ 1,679
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GLENN COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP Reimbursement
		INPATIENT (MH 1968, Ln 28 to 30)	INPATIENT (MH 1968, Ln 31)	OUTPATIENT (MH 1968, Ln 28 to 30)	OUTPATIENT (MH 1968, Ln 31)	INPATIENT (Col 4-11)	INPATIENT (Col 5-12)	OUTPATIENT (Col 9-13)	OUTPATIENT (Col 10-14)	
00484	North Valley Schools	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	10,179	\$ 0	0
00512	River Oak Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	9,777	\$ 0	0
00529	Willow Glenn Care Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	23,933	\$ 0	0
00628	Northern Valley Catholic Soc. Svc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	255,255	\$ 1,679	0
00705	Youth for Change	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	3,472	\$ 0	0
00804	SVFS, Inc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,988	\$ 0	0
00922	Rosewood Care Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	9,814	\$ 0	0

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 314,418 \$ 1,679 \$ 0

GLENN COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2004

9

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP)	(21) Neg. Rates Exceed Costs Healthy Families	(22) Neg. Rates Exceed Costs (Excl. HFP)	(23) Neg. Rates Exceed Costs Healthy Families	(24) Total SD/MC Reimbursement (FFP)	(25) Healthy Families Reimbursement (FFP)	(26) Total Reimbursement (FFP)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
		INPATIENT		OUTPATIENT						
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col 24 + 25)		
00484	North Valley Schools	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,468	\$	\$ 5,468	\$ 50,000	\$ 5,468
00512	River Oak Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,271	\$	\$ 5,271	\$ 10,000	\$ 5,271
00529	Willow Glenn Care Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 12,898	\$	\$ 12,898	\$ 25,000	\$ 12,898
00628	Northern Valley Catholic Soc. Svc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 137,154	\$ 1,091	\$ 138,245	\$ 300,000	\$ 138,245
00705	Youth for Change	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,841	\$	\$ 1,841	\$ 30,000	\$ 1,841
00804	SVFS, inc	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,065	\$	\$ 1,065	\$ 365,000	\$ 1,065
00922	Rosewood Care Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,327	\$	\$ 5,327	\$ 30,000	\$ 5,327

GRAND TOTAL

\$ 0 \$ 0 \$ 0 \$ 0 \$ 169,024 \$ 1,091 \$ 170,115 \$ 810,000 \$ 170,115

(To Sch 1)

**GLENN COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	2,067,363	7,997	2,075,360
(2) Total SD/MC Claims	2,123,558	0	2,123,558
(3) Percent % (Line 1/Line 2)	97.35%	0.38%	97.73%
(4) EPSDT Claims	1,247,903	0	1,247,903
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	1,214,834	4,742	1,219,576
(6) Cost Settled Baseline for EPSDT	79,234	0	79,234
(7) Net Cost Settlement Amount (Line 5 - Line 6)	1,135,600	4,742	1,140,342
(8) 46.7% of Cost Settlement Amount (Line 7 x 46.7%)	530,325	2,215	532,540
(8a) FY 2001-02 EPSDT Settlement	391,326	0	391,326
(8b) Annual Local Growth (L. 8 - 8a)	138,999	2,215	141,214
(9) County Match 10% of Local Growth (8b x 10%)	13,899.90	222	14,121
(10) Net Cost Settlement Amount (L. 8 - 9)	516,425	1,994	518,419
(11) SGF Distribution (Settled and Audited)	516,425	0	516,425
(12) SGF Due County (State)	<u>0</u>	<u>1,994</u>	<u>1,994</u>
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

Note:

The increase in SGF was due to the increase in net reimbursement for Direct Services resulting from the decrease in Health Families reimbursement.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
GLENN COUNTY				00011	29	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 303,431	\$ (303,431)	\$ -
info	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	-	-	-
2	MH 1960	11	C	NON-SD/MC ADMINISTRATION	130,042	(130,042)	-
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	<u>433,473</u>		<u>433,473</u> *
				To eliminate the reported allocation of Administrative Costs. Administrative costs will be redistributed to the proper cost centers after adjustments to administrative costs are made below			
3	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 433,473	\$ (69)	\$ 433,404 *
				To adjust Administrative cost to agree with County's records.			
4	MH 1960	9	C	SD/MC ADMINISTRATION	\$ -	\$ 301,392	\$ 301,392
5	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION		5,836	5,836
6	MH 1960	11	C	NON SD/MC ADMINISTRATION		126,176	126,176
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** <u>433,404</u>		<u>433,404</u>
				To allocate Total Administrative Costs between SD/MC, Healthy Families, and Non-SD/MC Administration based on the Medi-Cal recipients percentages			
7	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 157,335	\$ 3,402	\$ 160,737
8	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	60,594	\$ 1,310	61,904
9	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	76,570	\$ (4,712)	71,858
	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	<u>294,499</u>		<u>294,499</u>
				To allocate Total Utilization Review Costs between SPMP Other SD/MC Utilization Review, and Non-SD/MC Utilization Review based on the Audited MH 1968.			
10	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)	\$ 2,532,181	\$ 69	2,532,250
				To reflect adjustment number 3.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
GLENN COUNTY				00011	29	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
11	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	142,962	1,075	144,037 *
12	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	535,094	32,848	567,942 *
13	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	-	146	146 *
Info	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	-	-	- *
Info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/03 to 09/30/03	1,513	-	1,513 *
Info	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/03 to 06/30/04	7,310	-	7,310 *
Info	MH 1966A	10B	Total	ENHANCED - REFUGEES	-	-	- *
Info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	290	-	290 *
Info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	16,356	-	16,356 *
Info				TOTAL	<u>703,525</u>	<u>34,069</u>	<u>737,594</u>
				<p>To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated August 13, 2008 (There are no units shown on disallowed claims report). And there are no QA/UR audit findings and EPSDT audit findings conducted by the State DMH Oversight Branch. The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.</p>			
				<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
GLENN COUNTY				00011	29	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
14	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 144,037	(1,075)	142,962 *
15	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 567,942	(30,252)	537,690 *
16	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 146	(146)	- *
Info	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** -	-	- *
Info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/03 to 09/30/03	** 1,513	-	1,513 *
17	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/03 to 06/30/04	** 7,310	(257)	7,053 *
Info	MH 1966A	10B	Total	ENHANCED - REFUGEES	** -	-	- *
Info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 290	-	290 *
18	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	** 16,356	(2,339)	14,017 *
Info				TOTAL	<u>737,594</u>	<u>(34,069)</u>	<u>703,525</u>
				To adjust the SD/MC, Enhanced, Healthy Families units of service/time to agree with county's records (including disallowance). Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
GLENN COUNTY				00011	29	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
Info	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 142,962	-	142,962
Info	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 537,690	-	537,690
Info	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** -	-	-
Info	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** -	-	-
Info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/03 to 09/30/03	** 1,513	-	1,513
Info	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/03 to 06/30/04	** 7,053	-	7,053
Info	MH 1966A	10B	Total	ENHANCED - REFUGEES	** -	-	-
Info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 290	-	290
Info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	** 14,017	-	14,017
Info				TOTAL	<u>703,525</u>	<u>0</u>	<u>703,525</u>
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report by SFC. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider GLENN COUNTY				Provider Number 00011	No. of Adj. 29	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS</u>			
19	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	45,526	22	45,548 *
20	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	108,085	2,262	110,347 *
info	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	-	-	- *
info	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	-	-	- *
info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/03 to 09/30/03	664	-	664 *
info	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/03 to 06/30/04	4,349	-	4,349 *
info	MH 1966A	10B	Total	ENHANCED - REFUGEES	-	-	- *
info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	-	-	- *
info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	1,024	-	1,024 *
				TOTAL	159,648	2,284	161,932
				<p>To adjust the above mentioned settled units of service/time for the Contract Providers to agree with the State DMH Approved Claims Report dated July 18, 2008 (There are no units shown on disallowed claims report). And there are no QA/UR audit findings and EPSDT audit findings conducted by the State DMH Oversight Branch. The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.</p>			
				<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
GLENN COUNTY				00011	29	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>			
				<u>CONTRACT PROVIDERS</u>			
21	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 45,548	(27)	45,521
22	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 110,347	(1,337)	109,010
info	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** -	-	-
info	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** -	-	-
info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/03 to 09/30/03	** 664	-	664
info	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/03 to 06/30/04	** 4,349	-	4,349
info	MH 1966A	10B	Total	ENHANCED - REFUGEES	** -	-	-
info	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** -	-	-
info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	** 1,024	-	1,024
info				TOTAL	<u>161,932</u>	<u>(1,364)</u>	<u>160,568</u>
				To adjust the above mentioned units of service/time to exclude units for certain service function which were not reported in the settled cost report.			
				LE 484	(47)		
				LE 512	(1,298)		
				LE 705	(19)		
					<u>(1,364)</u>		
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider GLENN COUNTY				Provider Number 00011	No. of Adj. 29	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
23	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 363,979	\$ 2,403	\$ 366,382
24	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 1,237,591	\$ 5,080	\$ 1,242,671
25	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 25,710	\$ (1,221)	\$ 24,489
					<u>1,263,301</u>	<u>3,859</u>	<u>1,267,160</u>
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to costs, revenues, units of service/time and the results of the Medical Oversight audit.			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u>			
26	SCH 3	Total	24	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 167,763	\$ 1,261	\$ 169,024
info	SCH 3	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 1,091	\$ -	\$ 1,091
					<u>168,854</u>	<u>1,261</u>	<u>170,115</u>
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to revenues and units of service/time and the results of the Medical Oversight audit.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider GLENN COUNTY				Provider Number 00011	No. of Adj. 29	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
27	SCH 4	1	3	SD/MC ACTUALS To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.	\$ 2,067,363	\$ 7,997	\$ 2,075,360
info	SCH 4	2	3	TOTAL SD/MC CLAIMS	\$ 2,123,558	\$ -	\$ 2,123,558
info	SCH 4	4	3	EPSDT CLAIMS To adjust total SD/MC claims and EPSDT claims to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. This report covered the period from April 1, 2004 through June 30, 2004.	\$ 1,247,903	\$ -	\$ 1,247,903
28	SCH 4	10	3	NET COST SETTLEMENT AMOUNT To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical), total SD/MC claims and EPSDT claims.	\$ 516,425	\$ 1,994	\$ 518,419
info	SCH 4	11	3	SGF DISTRIBUTION To adjust SGF distribution to exclude recouped amount as the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the letter dated March 3, 2008.	\$ 516,425	\$ -	\$ 516,425
29	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE To adjust State General Funds due State as a result of adjustments to Cost Settlement Amount and State General Fund Distribution as follows: Audited Net Cost Settlement Amount Adj. 28 \$ 518,419 Less Audited State General Fund Distribution \$ (516,425) Net State General Funds due to County <u>\$ 1,994</u> * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	\$ -	\$ 1,994	\$ 1,994

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: GLENN COUNTY

County Code: 11

Legal Entity: GLENN COUNTY		A	B	C
Legal Entity Number: 00011		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,823,579	2,356,452	4,180,030
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(744,851)	(744,851)
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	1,823,579	1,611,601	3,435,179
6	Medi-Cal Adjustments from MH 1961		(175,027)	(175,027)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			3,260,152
	Administrative Costs (County Only)			
9	SD/MC Administration			301,392
10	Healthy Families Administration			5,836
11	Non-SD/MC Administration			126,176
12	Total Administrative Costs			433,404
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			160,737
14	Other SD/MC Utilization Review			61,904
15	Non-SD/MC Utilization Review			71,858
16	Total Utilization Review Costs			294,499
17	Research and Evaluation (County Only)			0
18	Mode Costs (Direct Service and MAA)			2,532,249
19	Total Costs - Lines 9 through 18			3,260,152

Crosscheck

2,532,249

ERROR

3,260,152

ERROR

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: GLENN COUNTY
County Code: 11

Legal Entity: GLENN COUNTY		A	B	C
Legal Entity Number: 00011		Salaries and Benefits	Other	Total Adjustments
1	depreciation		(30,563)	(30,563)
2	misc rev		(115,871)	(115,871)
3	managed care		(25,982)	(25,982)
4	cbs coalition		(2,612)	(2,612)
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(175,027)	(175,027)

Crosscheck
-175,027 **OK**

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

OTHER ADJUSTMENTS

MH 1962 (08/04)

FISCAL YEAR 2003 - 2004

County: GLENN COUNTY

County Code: 11

Legal Entity: GLENN COUNTY		A	B	C
Legal Entity Number: 00011		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			

Crosscheck

0

OK

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (08/04)

FISCAL YEAR 2003 - 2004

County: GLENN COUNTY

County Code: 11

Legal Entity: GLENN COUNTY		A
Legal Entity Number: 00011		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,532,249
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	2,374,397
6	Outreach Services (Mode 45)	16,705
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	141,147
9	Total - Lines 2 through 8	2,532,249

**Crosscheck
OK**

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County GLENN COUNTY
County Code 11

CR

Legal Entity: GLENN COUNTY			H	I	J	K	L	M	N
Legal Entity Number 00011			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)									
			70						
1	Allocation Percentage		3.66%						
2	Total Units		24,705						
3	Gross Cost		86,807						
4	Cost per Unit		3.51						
5	SMA per Unit		3.52						
6	Published Charge per Unit		3.29						
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	6,911						
8A		10/01/03 - 06/30/04	11,445						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04	570						
12	Non-Medi-Cal Units		5,779						
13	Medi-Cal Costs	07/01/03 - 09/30/03	24,283						
13A		10/01/03 - 06/30/04	40,215						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	24,327						
14A		10/01/03 - 06/30/04	40,286						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	22,737						
15A		10/01/03 - 06/30/04	37,654						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04	2,003						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04	2,006						
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04	1,875						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		20,306						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: GLENN COUNTY
County Code: 11

CR

Legal Entity: GLENN COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00011		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		9,783					
3	Gross Cost	16,705	16,705					
4	Cost per Unit		1.71					
5	Non-Medi-Cal Units		9,783					
6	Non-Medi-Cal Costs	16,705	16,705					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: GLENN COUNTY
County Code: 11

County Code: 11		CR		CR	CR			
Legal Entity: GLENN COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00011		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 60 - Support			Function	Function	Function	Function	Function	Function
			20	30	40			
1	Allocation Percentage	100.00%	2.77%	33.88%	63.35%			
2	Total Units		4,290	39,270	90,652			
3	Gross Cost	141,147	3,912	47,816	89,419			
4	Cost per Unit		0.91	1.22	0.99			
5	Non-Medi-Cal Units (Same as Line 2)		4,290	39,270	90,652			
6	Non-Medi-Cal Costs (Same as Line 3)	141,147	3,912	47,816	89,419			

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County GLENN COUNTY County Code 11			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity GLENN COUNTY Legal Entity Number 00011			A	B	C	D	E	F	G	H	I	J	K
			Mode 55 S F s 01-09 S F s 11-19 S F s 21-29			Total MAA	Total Inpatient Mode 05 Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col J)
1	Medi-Cal Costs	07/01/03 - 09/30/03											378,373
1A		10/01/03 - 06/30/04											1,359,712
2	Medi-Cal SMA	07/01/03 - 09/30/03											379,513
2A		10/01/03 - 06/30/04											1,364,446
3	Medi-Cal P C	07/01/03 - 09/30/03											354,280
3A		10/01/03 - 06/30/04											1,273,129
4	Medi-Cal N R	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03											378,373
5A		10/01/03 - 06/30/04											1,359,712
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03											
6A		10/01/03 - 06/30/04											
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03											
7A		10/01/03 - 06/30/04											
8	Medicare/Medi-Cal Crossover P C	07/01/03 - 09/30/03											
8A		10/01/03 - 06/30/04											
9	Medicare/Medi-Cal Crossover N R	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim	07/01/03 - 09/30/03											
10A		10/01/03 - 06/30/04											
11	Total SD/MC + Crossover Gross Reim	07/01/03 - 09/30/03											378,373
11A		10/01/03 - 06/30/04											1,359,712
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03											4,625
12A		10/01/03 - 06/30/04											18,233
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03											4,636
13A		10/01/03 - 06/30/04											18,298
14	Enhanced SD/MC (Children) P C	07/01/03 - 09/30/03											4,330
14A		10/01/03 - 06/30/04											17,072
15	Enhanced SD/MC (Children) N R	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim	07/01/03 - 09/30/03											4,625
16A		10/01/03 - 06/30/04											18,233
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P C	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N R	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03											382,998
21A		10/01/03 - 06/30/04											1,377,944
22	Enhanced SD/MC (Refugees) Gross Reim	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03											658
23A		10/01/03 - 06/30/04											33,439
24	Healthy Families SMA	07/01/03 - 09/30/03											661
24A		10/01/03 - 06/30/04											33,580
25	Healthy Families P C	07/01/03 - 09/30/03											616
25A		10/01/03 - 06/30/04											31,310
26	Healthy Families N R	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim	07/01/03 - 09/30/03											658
27A		10/01/03 - 06/30/04											33,439
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03											
28A		10/01/03 - 06/30/04											
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03											382,998
35A		10/01/03 - 06/30/04											1,377,944
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03											658
37A		10/01/03 - 06/30/04											33,439
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03											
38A		10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County GLENN COUNTY
County Code 11

Legal Entity GLENN COUNTY Legal Entity Number 00011		A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50.00% FFP	F 54.35% FFP	G 52.95% FFP	H Variable % FFP	I 75.00% FFP	J Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			1,760,942	1,760,942						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		51,964	314,318	366,382						
3	Total Medi-Cal Direct Service Gross Reimbursement				2,127,324						
4	Medi-Cal Administrative Reimbursement Limit				319,099						
5	Medi-Cal Administration				301,392						
6	Medi-Cal Administrative Reimbursement				301,392	150,696					150,696
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			34,097	34,097						
7A	Contract Providers Healthy Families Direct Service Gross Reimbursement			1,679	1,679						
7B	Total Healthy Families Direct Service Gross Reimbursement				35,776						
8	Healthy Families Administrative Reimbursement Limit				3,578						
9	Healthy Families Administration				4,836						
10	Healthy Families Administrative Reimbursement				3,578				2,325		2,325
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				160,737					120,552	120,552
15	Other SD/MC Utilization Review (County Only)				61,904	30,952					30,952
16	SD/MC Net Reimbursement for Direct Services			378,373	378,373		205,646				205,646
16A	10/01/03 - 06/30/04			1,359,712	1,359,712			719,967			719,967
17	Enhanced SD/MC Net Reimb. (Children)			4,625	4,625				3,006		3,006
17A	10/01/03 - 06/30/04								11,851		11,851
18	Enhanced SD/MC Net Reimb. (Refugees)			18,233	18,233						
19	Total SD/MC Reimbursement Before Excess FFP										1,242,671
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										1,242,671
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										1,242,671
24	Healthy Families Net Reimbursement			658	658				428		428
24A	10/01/03 - 06/30/04			33,439	33,439				21,735		21,735
25	Total Healthy Families Reimbursement Before Excess FFP										24,489
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										24,489

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	150,696
Line 10: Column D minus Column H	1,252
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	40,184
Line 15: Column D minus Column E	30,952
Line 16: Column D minus Column F	172,727
Line 16A: Column D minus Column G	639,744
Line 17: Column D minus Column H	1,619
Line 17A: Column D minus Column H	6,381
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	230
Line 24A: Column D minus Column H	11,704
TOTAL STATE SHARE SD/MC COST	1,055,490

